



WRAPAROUND MILWAUKEE POSITIVE RECOGNITION ANNOUNCEMENT

Milwaukee County Behavioral Health Division
Child & Adolescent Services Branch
9201 Watertown Plank Road
Milwaukee, WI 53226

To be completed by an individual who would like to acknowledge/recognize a Youth, Parent/Caregiver, Service Provider, etc. within the Wraparound Program. If you need help in completing this form please call the Wraparound Quality Assurance Department at 257-7608.

Date _____

Name of Person completing the report: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Agency:(If applicable) _____

What is **your** relationship to Wraparound? (Please Check) ☐ Parent/Caregiver ☐ Youth

☐ Care Coordinator/Supervisor ☐ Provider ☐ BMCW Staff ☐ Probation/CCC Staff

☐ Other _____

Name of Person(s)/Agency that you'd like to recognize: _____

What Agency are they associated with? (if applicable) _____

Address of Person/Agency: _____

What is **their** relationship to Wraparound? (Please Check) ☐ Parent/Caregiver ☐ Youth ☐ Care

Coordinator/Supervisor ☐ Provider ☐ BMCW Staff ☐ Probation/CCC Staff ☐

Other _____

Describe why you want to recognize/acknowledge this Person(s)/Agency:

Wraparound would like to share this information with the Person/Agency you are recognizing. Do we have your approval to do so? ☐ YES ☐ NO

THANK YOU FOR YOUR POSITIVE FEEDBACK ☺

Please return or FAX this form to: Wraparound Milwaukee
c/o Quality Assurance - Pam Erdman
9201 Watertown Plank Rd.
Milwaukee, WI. 53226 FAX: (414) 257-7575

DO NOT WRITE BELOW THIS LINE

Date Individual/Agency was contacted regarding report? _____ By: _____

NOTE: Original- to person being recognized; Copy - Wrap Admin./D.J. for Newsletter/QA Binder

9/12/05

☐ Copy Sent
c/wrapcmn/erdman/positiverec